

Sampling Technician:		Sample Type: <input type="checkbox"/> General Area	
GPS Coordinates:		Location:	
Sampler Model / ID #:	Cal. Due Date:	DAC Value ( $\mu\text{Ci/ml}$ ): $\alpha$ : $\beta$ :	
Date / Time Sampler On:	Initial Flow Rate: _____ CFM or LPM		
Date / Time Sampler Off:	Final Flow Rate: _____ CFM or LPM		
Barometric Pressure:	Temperature:	Total Volume Collected _____ CF or L?	
(Sample Time) (Flow Rate) (Conversion Factor) = Volume (in ml)		Did Frisking Equipment Counts show that counts decayed by approximately half in 30 minutes?	
( _____ min.)( _____ ) ( <input type="checkbox"/> 2.832E4mL/cfm <input type="checkbox"/> 1E3mL/liter) = _____ ml			

## INITIAL COUNTING DATA Total Time Elapsed After Air Sampler Secured:

Counting Technician:		Date Counted :		Counter Model / ID#:							
Counter Efficiencies: $\alpha$ -		$\beta$ -		Calibration Due Date:							
Total Background Counts: $\alpha$ -		$\beta$ -		$\alpha$ MDA: $\mu\text{Ci/ml}$							
Background Count time: _____ minutes				$\beta$ MDA: $\mu\text{Ci/ml}$							
	(A) Time Counted	(B) Gross Counts	(C) Count Time (min)	(D) Gross CPM	(E) Bkgd CPM	(F)* Net Sample CPM	(G)Collect. Factor	(H) Volume (ml)	(I) Inst. Eff. (dec.)	(J) dpm/ $\mu\text{Ci}$	(K)**Activity ( $\mu\text{Ci/ml}$ ) ( $A_i$ )
$\alpha$							0.67			2.22E6	
$\beta$							0.95			2.22E6	

## DECAYED COUNTING DATA

\*F=D-E

\*\*K=F/[(G)(H)(I)(J)]

## Total Time Elapsed After Air Sampler Secured:

Counting Technician:		Date Counted :		Counter Model / ID#:							
Counter Efficiencies: $\alpha$ -		$\beta$ -		Calibration Due Date:							
Total Background Counts: $\alpha$ -		$\beta$ -		$\alpha$ MDA: $\mu\text{Ci/ml}$							
Background Count time: _____ minutes				$\beta$ MDA: $\mu\text{Ci/ml}$							
	(A) Time Counted	(B) Gross Counts	(C) Count Time (min)	(D) Gross CPM	(E) Bkgd CPM	(F)* Net Sample CPM	(G)Collect. Factor	(H) Volume (ml)	(I) Inst. Eff. (dec.)	(J) dpm/ $\mu\text{Ci}$	(K)** ( $\mu\text{Ci/ml}$ ) ( $A_d$ )
$\alpha$							0.67			2.22E6	
$\beta$							0.95			2.22E6	

Comments: \_\_\_\_\_

Reviewed by: \_\_\_\_\_





# SURFACE ACTIVITY SURVEY

RRSF-900

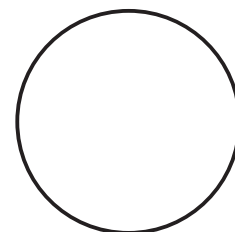
SITE \_\_\_\_\_

AREA \_\_\_\_\_

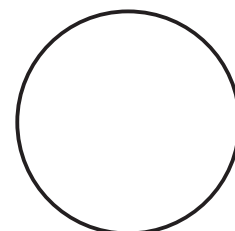
BRANCH / VENUE \_\_\_\_\_

TEAM / DATE \_\_\_\_\_

	INSTRUMENT ID#	EFFICIENCY	BACKGROUND	MDA
GAMMA				
BETA / GAMMA				
ALPHA				
GAMMA/ Dose				

REFERENCE DIRECTION



WIND DIRECTION

SCALE

1/2" = \_\_\_\_\_

Suspected Isotope(s)

LOCATION	SURVEY MEASUREMENTS							
	GAMMA / DOSE RATE		GPS location	BETA / GAMMA		ALPHA	Wipe/	Air/
	circle one: uR / hr	OR mR / hr		counts per minute (cpm)				
1	waist level	ground level	LT:					
			LG:					
2			LT:					
			LG:					
3			LT:					
			LG:					
			LT:					
			LG:					
			LT:					
			LG:					

REMARKS: \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

LOCATION	SURVEY MEASUREMENTS							
	GAMMA / DOSE RATE		GPS location	BETA / GAMMA		ALPHA counts per minute	Wipe/ dpm/100cm2	Air/ dpm/cf
	circle one: uR / hr waist level	OR mR / hr ground level		counts per minute (cpm) waist level	ground level			
			LT:					
			LG:					
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REMARKS: \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

# SAMPLE CONTROL FORM & CHAIN OF CUSTODY

"Sample Control Barcode"

Sampling Information (to be filled out by the Field Team)						
Team ID:		Sampled By:		Org:		
Location: <input type="checkbox"/> GPS		Latitude: _____		Description: _____		
		Longitude: _____				
Collection Date:		Collection Time (Military):		# of Containers		
				Contact Dose Rate:		
Remarks: _____						
Sample Type (used only one)	AIR	Sampler ID #		Type: <b>Radeco</b>	Filter size & Type: <b>2" LB-5211 Lot #150402</b>	
		Date ON:		Time ON:	Date OFF:	
				Time OFF:		
	Milk	Start Flow:		Stop Flow:	OR Total Volume:	Unit:
		<input type="checkbox"/> Cow <input type="checkbox"/> Goat <input type="checkbox"/> Other _____		<input type="checkbox"/> Stored Feed	<input type="checkbox"/> Pasture	<input type="checkbox"/> Other _____
		Milking Date:		Milking Time:	Number of Animals sampled:	
	Ground	Depth of soil sample: _____ cm		Vegetation collected with soil samples? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Sample surface area:		If vegetation in separate container, provide sample #:		
	Water	<input type="checkbox"/> Surface <input type="checkbox"/> Ground / Well <input type="checkbox"/> Portable / Tap <input type="checkbox"/> Other:				
	Other	<input type="checkbox"/> Vegetation <input type="checkbox"/> Feed <input type="checkbox"/> Produce <input type="checkbox"/> Swipe <input type="checkbox"/> Other:				
Describe:						
Sample Receiving (to be filled out by sample receiving technician)						
Processing Priority:		Dup Sample #:		Split Sample #:		
Screening Value:		<input type="checkbox"/> Contamination Check: Forms and sample bags surveyed.				
Sample Remarks:						
Analysis Requested:		<input type="checkbox"/> Sample Preparation Required, send to sample preparation area before laboratory				
Laboratory Assignment:						
Special Instructions:						
Custody Transfer (Signatures)						
Relinquished By:	Date	Time	Received By:	Date	Time	
Relinquished By:	Date	Time	Received By:	Date	Time	
Relinquished By:	Date	Time	Received By:	Date	Time	
Relinquished By:	Date	Time	Received By:	Date	Time	

Original with Sample    Copy to Data Center    Copy to Courier